

Entered -04-02-01 - sb
CL 01L0210 - GWENDOLYN BURNS

CLAIM OF: REESE E. CURRIE
3144 Darbytown Court
Atlanta, Georgia 30339-4408

01-*L* -1212

For vehicular damages alleged to have been sustained from a construction cut that was left open and in an unsafe condition on March 12, 2001 at Peachtree Road, NE & Peachtree Battle, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-58

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0210

Date: July 12, 2001

Claimant /Victim REESE E. CURRIE
BY: (Atty) (Ins. Co.) _____
Address: 3144 Darbytown Court, Atlanta, Georgia 30339-4408
Subrogation: _____ Claim for Property damage \$ 162.14 Bodily Injury \$ _____
Date of Notice: 3/26/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/12/01 Place: Peachtree Road, NE & Peachtree Battle, NE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove through a construction site in the roadway that was left open and in an unsafe condition. An investigation determined that Atlanta Gas Light Company performed work at the incident location. The utility company has accepted liability for the damages and is currently resolving the claim.

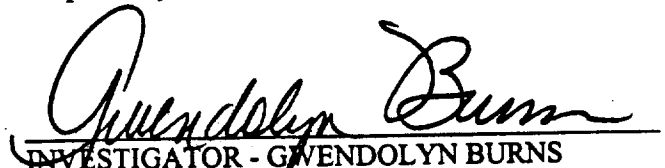
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

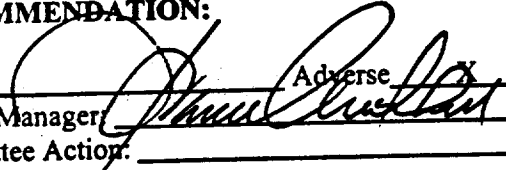
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager  Concur/date 07-17-01
Committee Action: _____ Council Action _____

BURNS
03/27/01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: MARCH 16, 2001

MAR 26 2001

ENTERED - 4-2-01 - SB
01L0210 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 162.¹⁴ property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: MON., 3/12/01 2. Time of Incident: 5:30 PM 3. Police called: 0
(month/day/year) Yes No

4. Location of incident (including street address): Peachtree Battle Ave. NW at the intersection of Peachtree Rd. NW

5. Name of your insurance company: USAA (I did not file for this problem.) Policy No. 30790 05 37U

6. State what and how incident occurred: I was driving North on Peachtree Rd and made a left turn onto Peachtree Battle Avenue. I immediately went into a large UNMARKED, MAJOR, hole in the ROAD WHICH Blew out my tire AND hurt the

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! Alignment

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: NISSAN (MAXIMA) 1996 - GA, 929PEM, REESE CURRIE
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: City of Atlanta, Road Crew (They arrived about 30
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s). minutes after my trouble.

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Reese E. Currie
Signature of Claimant

REESE E. CURRIE
(Print Claimant's Name)
3144 DARBYTOWN CT.
(Address)
ATLANTA, GA 30339-4408
(City, State and Zip Code)

Same as → 770.436.5767
(Work Number) (Home Number)

01- R-1212